## L1300006008

(Requestor's Name)	
(Address),	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL MAIL
(Business Entity Name)	
(Document Number)	1
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DEPARTMENT OF STATE O

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BEGGETARY OF STA

**COVER LETTER** 

TO:

Registration Section
Division of Corporations

SUBJECT:

lobal Equipment USA, LLC

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sanchez Valencia
Firm'Company

2012 Land Address

Address

City/Slate and Zip Code

City/Slate and Zip Code

Be sanchez Valencial aw. Com

Description of Future annual report notification)

For further information concerning this matter, please call:

Name of Person

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

S25.00 Filing Fee

S30.00 Filing Fee & Certificate of Stams  S55.00 Filing Fee & Certified Copy (additional copy is enclosed) S60.00 Filing Fee,
 Certificate of Status &
 Certified Copy
 (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS: Registration Section

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on bility Company)	USA.	146	
The Articles of Organization for this Limited Liability Company w Florida document number <u>L13 0 0006 5008</u>		03/13	and assigne	:d
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabili	ty company here:			
The new name must be distinguishable and end with the words "Limite "L.L.C."	d Liability Company,"	the designation "L	LC" or the abbre	eviation
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered office address here:	ce address on our	records, enter t	he name of th	ie new
Name of New Registered Agent:			<u> </u>	· · ·
New Registered Office Address:				
	Enter I	Florida street add Florida	ress ASSE	
	City	, 2.00.101	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			9: 02. STATE LORIDA	
I hereby accept the appointment as registered agent and agree the provisions of all statutes relative to the proper and comple				

If Changing Registered Agent, Signature of New Registered Agent

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

company has been notified in writing of this change.

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Monica A. Sanchez	2015. Westland Au	E Add W
		2015. Westland the Tampe, F1 3360	G Represe
			Add
			Remove
			Nag-Applications
<del></del>			Add
			Remove
			<del></del>
			Add
			Remove
			<u></u>
			Add
			Remove
			Add
			Remove

D. If amend	ing any other inf	ormation, enter change(s)	here: (Attach additio	nal sheets, if necessary.)	ı
				_	
<del>.</del>					
oated JUL	Y 18	2013			_
, u.e.a		-	<u> </u>		
		Signature of a member or	authorized representative	of a member	
	GIL SANCI	<del>-</del>	•		
	•	Typed or p	printed name of signee		
		-			

Page 3 of 3

Filing Fee: \$25.00